1 Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

1 Home Care Services provides a variety of care and support to a small group people both inside and outside of their own homes. This includes supporting people with personal care needs, shopping, cooking, and companionship.

This inspection took place on 06 September 2017. This was the first time the service had been inspected since it was registered on 05 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had appropriate systems in place to protect people from harm and uphold their rights. Staff had the knowledge and understanding to provide effective and safe care for people. People's medicines were given to them safely and in a timely way and risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

There were sufficient numbers of staff available to meet people's needs. A recruitment process was in place to protect people and staff had been employed safely with the right skills and knowledge to provide care and support to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and respect by staff and their dignity was maintained. Staff understood people's needs and provided care and support accordingly. Caring relationships had been developed and people were fully involved in their care arrangements.

Quality assurance arrangements were in place to monitor the quality of the service for people and staff. There was a system for responding to complaints and concerns. The visible leadership of the service showed that person centred care was being delivered to people who used the service by the whole staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There was a robust recruitment system in place and sufficient staff to care for people safely.

Staff knew how to keep people safe and how to report any concerns.

The service carried out appropriate risk assessments to keep people safe.

Is the service effective?

Good

The service was effective.

A system of induction, training, supervision and support was in place to provide staff with the skills and knowledge to care for people

Consent to care was documented within individual care plans.

People had their nutritional needs met and referrals were made to health professionals as appropriate.

Is the service caring?

Good

The service was caring.

Staff were described as kind, caring and compassionate.

Staff treated people in an individual way with respect and dignity.

People were involved and consulted about their care arrangements.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and contained significant

amounts of information regarding people's history, likes and dislikes.

Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

Changing needs were identified promptly and staff ensured these needs were met through the involvement of other agencies.

Is the service well-led?

Good

The service was well led.

The service had appropriate systems in place to the monitoring of the quality of the service.

Staff were supported by a clear management structure and the registered manager was visible and approachable.

Staff received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 06 September 2017. This was the first time the service had been inspected since it was registered on 05 August 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service.

Before the inspection, we looked at all of the information that we held about the service including any notifications received by us. A notification is information about important events, which the provider is required to send to us by law.

During the inspection we spoke with the registered manager and the director. We also spoke with three relatives of people who used the service on the telephone, and sought their views on their experience of the service, and the care delivered to their relative. We reviewed four people's care files, four staff recruitment and support files, training records and quality assurance information.

Good

Is the service safe?

Our findings

The people we spoke with said that their relatives were as one person put it, "In safe hands." One person said, "The service is great. They always come on time and are very caring and kind. My [relative] has a good relationship, and you know that they feel safe and content by their behaviour. If they didn't feel that way, I would be able to tell. Everything is fine." Another person said, "The agency is very flexible. We have set times when they come, but if this needs to change for whatever reason, then I can call them and they will come when they are needed. This is great because it gives me and my [relative a lot of flexibility." When asked about safety issues when out in the community, one person said, "My [relative] is in safe hands. The staff know their behaviours and the ways they like to do things. If there are ever any issues then they call me. Sometimes they call me just to say that they are having a good time."

Staff understood their roles and responsibilities in regards to safeguarding people from abuse. We found evidence to show that they had received appropriate safeguarding training, and they were able to how this training was put into practice. For example, one person said, "We are always mindful of potential abuse issues, and keep an eye out for changes in people's appearance, or their behaviour. If changes are noticed, then we would discuss this with the [registered] manager, and make a record." This showed that the staff were encouraged to raise concerns at any time. The registered manager was aware of how to make safeguarding referrals where appropriate, and had access to guidance and how to liaise with the local authority to ensure risks to people's health and safety were dealt with. The records showed that since the service was registered in August 2016, there had not been a need to make any safeguarding referrals.

We found evidence to show that risk assessments had been carried out and risks to people's physical, mental health and environment had been considered. For example, the risk assessments took into account people's mobility and how prone they were to falls, their behaviours and any equipment used either within, or outside of the home. Assistance needed with medicines was also risk assessed. We saw that these documents were reviewed when people's needs changed, and any changes were recorded so that staff could meet people's up to date needs. Staff were made aware of any changes either via a telephone call, or a face to face meeting with a manager. For example, one person who had previously needed support to use public transport had reached a point where they support was no longer required. Their risk assessment and support plan had been updated, and this had been communicated to the staff.

The service had sufficient staff to meet people's needs. The registered manager told us that they monitored how many staff were needed to cover with the amount of care hours they had to ensure everyone had the service they were assessed for. As the service catered for only a small group of people (six), she explained that the service was able to provide a flexible, consistent service. These principles were ones that the registered manager hoped to continue with as she expanded and grew the service.

The staff recruitment files we looked at showed that the service had a clear process in place for the safe recruitment of staff. We saw that staff had completed an application form outlining their previous experience and employment history. Satisfactory references, identification and a Disclosure and Barring Service (DBS) check had been undertaken. The DBS helps employers make safer recruitment decisions and

helps prevent unsuitable people from working with people who use care and support services. Risk assessments were in place if additional assurances about a person's suitability to work with people in the community were needed.

Systems were in place for the safe administration of people's medicines. At the time of the inspection we saw clear records that confirmed the service did not provide support people with their medicines however we saw documentary evidence to show that the service delivered training in medication awareness to all staff members. The registered manager said, "We have a medication policy in place that staff would follow if a new client needed support with medicines. We would carry out the relevant risk assessments associated with medication administering just as we have done with our existing clients." We found that the policy was comprehensive, and included protocols for monthly audits, error recording and reporting.

The service had an appropriate policy in the control and spread of infections, and staff were provided with basic health and hygiene training. When staff were involved in personal care, they were provided with appropriate personal protective equipment (gloves, aprons), and had access to cleaning materials.

Good

Is the service effective?

Our findings

The relatives we spoke with believed that staff to be "good at their job." One person said, "I know that the staff had training in the different ways of working with people. I have spoken to them about this, and they always come across as being knowledgeable." Another person said, "The staff always come across as being good at their job. I think saying that they were 'competent' would be a good way to describe them."

The staff team was only small in number, and we found documentary evidence to show that they had completed an induction and probation period which equipped them for starting to work with people in the community. This included knowledge of the service's policy and procedures, undertaking training and meeting people who used the service whilst shadowing an experienced staff. They were then observed in their practice of caring for people and had time to reflect on their performance. Newly recruited staff were supervised until the registered manager was confident they could provide appropriate care and they had completed their probation period satisfactorily.

Staff undertook courses on the service's mandatory training programme either classroom or individual learning based. Depending on the subject, these would be either refreshed every one or two years. For staff who did not have a qualification or experience in health and social care, they were encouraged to complete courses linked to the Care Certificate. This is the new vocational qualification for health and social care workers.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff were aware of the MCA and knew how it applied to people living in their own homes. They knew how to support people with decision-making about everyday tasks. Mental capacity assessments had been completed so that staff were aware of people's abilities and capabilities of making decisions day to day. A review of how these were completed showed that assessments were completed correctly. People had signed to consent to their care arrangements where appropriate. The registered manager told us that they would request consent from people or their representatives in all new reviews and new assessments to ensure they had people's agreement and consent to their care arrangements.

People were supported with food and fluids. Where people required assistance with food and drink, this was detailed in their care plan. Where people's nutritional needs were of concern, their fluid and food intake was recorded so that any weight issues could be monitored. Staff liaised with family members if they had concerns regarding a person's food and fluid intake.

We saw from information in people's files that staff regularly communicated with family members and professionals such as GPs, disability assessment teams and the speech and language team when they had

concerns about people's health and wellbeing. For example, one person who had not been properly assessed for using a hoist had this assessment undertaken after agency staff made contact with the local authority. The result was that their hoist was given a safety check, and a resulting care plan and risk assessment was put in place for safe to follow.

Good

Is the service caring?

Our findings

People told us that good relationships had been developed with the staff who visited them. They felt listened to and enjoyed the company that the staff gave them. Everyone was spoke with said they had regular staff who worked with them. One person said, "I always have the same staff. They are great. Always very kind, friendly and flexible if needed." Another person said, "There is a sense of friendship, support and integrity. The support staff are lovely people; they always have [people's] best interests at heart". People also commended the attitude, patience and dedication of the staff. Relatives described visits by carers as, "Patient and respectful," and, "Never rushed." This meant people felt at ease in their own homes and able to build a rapport with care staff.

The staff had an excellent knowledge of people's histories, likes and preferences and we saw this attention to detail was built into the practicalities of care provision. For example, one person's care plan had instructions about how the carer was to present their breakfast items, and in which order so as not to create confusion or anxiety. We also saw that people's religious beliefs were respected, with people who used the service being supported with appropriate religious diets (if required). This meant people's independence and choices were promoted, and showed that the views of the person had been listened to and put into practice.

People said they were always spoken to in a friendly, polite and respectful way. Staff were considerate and showed respect and protected their dignity. When we asked one relative about this subject they told us, "Absolutely. For instance, the staff always close the door when providing personal care, and always protect my [relative's] modesty." We saw this attention to people's dignity was written into the care planning documentation.

We saw sensitive personal information was stored securely in locked cabinets and entrance to the service's office was via a door requiring an access code. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Good

Is the service responsive?

Our findings

The people we spoke with said that had been involved in putting together a plan of how care should be delivered. One person said, "The [registered] manager came to visit me, and we sat and talked about my [relative's] care and support. We covered everything from what they like and don't like, the food they eat, where they like to go and what they want to do. We also talked about behaviours they might be risky, and this was all written down, and the [manager] explained how they would work with my [relative]. We all spent some time together; just to make sure the staff were getting it right."

We found documentary evidence to show that people's needs were assessed, recorded and communicated to the staff effectively. The service user guide given to people was well written, clear and easy to read so people and their families knew what the service offered. Information about people and their requirements was discussed during the initial assessment and prior to the service being agreed. Decisions about the service to be provided were made jointly so that the service was tailor made and individual. People in receipt of the service (or their representatives) had signed their agreement to their care arrangements.

Care plans provided staff with the information they needed to deliver person centred care. For example, the tasks to be undertaken, preferred times, any specialist care and support required were documented. People received care and support from staff who knew and understood their history, likes, preferences, and wishes. People told us that the service was flexible and responded positively to any requests to change times of their care.

People's cultural, gender and spiritual needs were identified and met. People were asked their preferences about care being provided by male or female staff. Reviews of people's care were undertaken and identified if a person's needs were changing or increasing and took account of their views and opinions. Any changes needed were added to the care plan at the person's home so that staff were aware of the changes made. Staff kept up to date with recording in and reading the daily notes so they were aware of people's needs at the time of each visit.

The service had a complaints process in place; however, since starting in August 2016, the service had not received any complaints. People told us that they knew how to complain and who to but were happy with the service.

People told us during our telephone calls to them, "I have no complaints, I am happy with the service," and, "If I had a complaint I would chat with the staff member. We have a really close bond and they listen to me." We saw the complaints procedure was clearly displayed in the Statement of Purpose as well as in documentation given to people when they started using the service.

Good

Is the service well-led?

Our findings

On a day-to-day level, management of the service was described in positive terms by the people we spoke with. One person said, "They are brilliant, and they encourage me to ring them and not sit on any problems or worries I have."

At the time of our inspection, the service had a registered manager in place. The registered manager had been at the service since its registration with CQC in August 2016 and had significant relevant experience in health and social care. The registered manager carried out their responsibilities, updated their training and knowledge and was well supported by the provider. They displayed an in-depth knowledge of each person who used the service.

Our evidence gathering found that the culture of the service was one entirely geared towards the care provided to people who used the service. This was reflected in the care planning we saw, in discussions with relatives, and through the training and supervision offered to staff. Documentation we reviewed was accurate, contemporaneous and ordered in such a way that made any auditing or reviews efficient. We saw auditing processes in place to monitor aspects of the service such as risk assessments, care plans, daily logs and reviews.

As the service had only been in operation for a year, and only had a small client group, they had not yet fully completed a comprehensive service user/relatives annual quality questionnaire. However, the information held within the care plan reviews showed that the people were very satisfied with the service they received. Feedback about people's experiences of using the service was obtained via the review of their care arrangements, and on a day to day basis via telephone calls or visits.

The service met the conditions for registration and routinely notified and liaised with CQC and external organisations appropriately.